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PTO-2042 (06-2006)

Approved for use through 02/28/2009, OMB 0651-0045

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Certificate Action Form

Address to:
Mail Stop EBC
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

USPTO Use Only**Block 1 Requestor Status**

(select one)

Registered Practitioner Limited Recognition Practitioner Pro Se Inventor Practitioner Registration Number
or Limited Recognition Number:**Practitioners ONLY**Check box to indicate that additional customer numbers
are listed on an attached sheet Customer Numbers - Enter in space(s) provided below

A customer number is an application electronic tracking number assigned by the USPTO that associates your certificate with one or more patent applications. Please see the instructions if you don't already have a customer number
<http://www.uspto.gov/ebc/digitalcert.htm>.

| Customer Number |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 38150 | | | | | |

Block 2 - Requestor Information (All Information Required)Name as it should appear on your PKI Certificate
or as it appears on previous certificates in cases
of recovery.If this is a name change (for registered individuals or persons granted limited
recognition, the name provided must correspond to Office of Enrollment and Discipline
records), please enter the name under which the certificate was previously created
below and enter new name in space provided:

First (Given) Name	Middle Name	Last (Family) Name
Prabir		Sen

Street Address (line 1) 18 Washington Street

Street Address (line 2)

City	State	Zip	Country
Glenview	Illinois	60025	USA

Telephone Number (select phone location)	31245127736	<input type="radio"/> home <input type="radio"/> work <input checked="" type="radio"/> cell	Email Address	psen@wcpgroup.com
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Block 3 - Type of Action Requested (you must select at least 1)

<input type="checkbox"/> Request a new PKI Certificate (I have never been issued a PKI Certificate by USPTO)
<input checked="" type="checkbox"/> Recover previously issued PKI Certificate (select 1 reason)
<input checked="" type="checkbox"/> -- Forgotten or Lost Password
<input checked="" type="checkbox"/> -- Corrupted or Lost Profile
<input type="checkbox"/> -- Other reason (Please explain): The system was last used one year back. The USPTO Direct shows Profile has expired.
<input type="checkbox"/> Associate current PKI Certificate with the customer numbers detailed in Block 1
<input type="checkbox"/> Revoke current PKI Certificate
<input type="checkbox"/> Name Change (see Block 2 above)
<input type="checkbox"/> Other - Describe in Detail:

Block 4 - Signature (required)I have read and understand the Subscriber Agreement (as listed on www.uspto.gov/ebc) and my signature on this document, by hand, is my agreement to abide by the Agreement and the rules and policies of the USPTO regarding the Agreement.

I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).

Sept 02, 2008

Signature Required (requestor from Block 2)

Date (mm/dd/yyyy)

Block 5 - Identification (required)

SUBSCRIBED and SWORN to before me by _____ (requestor from Block 2)	this _____ day of _____, 20_____, in the county of _____, In the State of _____.	(Notarial Seal)
Notary Public _____ (signature)		

MY COMMISSION EXPIRES:

This collection of information is required under 35 U.S.C. § 2 and § 122. This information is provided by the public as part of the request for or revocation of a U.S. Patent and Trademark Office (USPTO) public key certificate or to request recovery of your private encryption key. The USPTO will use this information in the process of issuing or revoking a public key certificate or recovering an encryption key. The information on this form will be treated confidentially to the extent allowed under the Government Paperwork Elimination Act, Freedom of Information Act (FOIA), and the Privacy Act. In order to access information that is released through encrypted communication, you must supply the requested information in order for the USPTO to issue the necessary digital identity and encryption services.

This form is estimated to take 30 minutes to read the instructions, gather the necessary information, complete the form, read and sign the subscriber's agreement, and submit the form to the USPTO. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND THE COMPLETED FORM TO THIS ADDRESS. SEND TO: Mail Stop EBC, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Application: 10/709,394
Amendment date: February 28, 2006
Reply to Office Action of Septemeber 01, 2008

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SEP 02 2008

Application No: 10/ 709, 394

Applicant: Prabir Sen

Filed: September 09 , 2004

Customer No; 038150

Confirmation No: 3393

Amendment

Sir or Madam:

In response to your letter dated April 02, 2008, please amend the above identified application as follows:

Amendments of Claims are reflected in the listing of claims which begins on Page 1 of this paper.

Remarks / Arguments begin on Page 6 of this paper

An Appendices including amended Claims and Drawings are attached following page 7 of this paper.

Full document is attached as per the revision suggested.

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